

<i>SERFF Tracking Number:</i>	<i>GNFD-125334284</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>General Fidelity Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1267112 \$50</i>
<i>Company Tracking Number:</i>	<i>GAPCLP-FMC-07-F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0004 Contractual Liability</i>
<i>Product Name:</i>	<i>Contractual Liability Reimbursement Insurance of GAP Waiver Contracts</i>		
<i>Project Name/Number:</i>	<i>FMC Endorsement form filing/GAPCLP-FMC-07-F</i>		

Filing at a Glance

Company: General Fidelity Insurance Company

Product Name: Contractual Liability SERFF Tr Num: GNFD-125334284 State: Arkansas

Reimbursement Insurance of GAP Waiver
Contracts

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #1267112 \$50
Made/Occurrence

Sub-TOI: 17.0004 Contractual Liability Co Tr Num: GAPCLP-FMC-07-F State Status: Fees verified and
received

Filing Type: Form Co Status: Submitted Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Peter Klope Disposition Date: 11/19/2007

Date Submitted: 11/06/2007 Disposition Status: Approved

Effective Date Requested (New): 12/07/2007 Effective Date (New):

Effective Date Requested (Renewal): 12/07/2007 Effective Date (Renewal):

General Information

Project Name: FMC Endorsement form filing

Project Number: GAPCLP-FMC-07-F

Status of Filing in Domicile: Pending

Domicile Status Comments: This endorsement
has been filed with the South Carolina
department of insurance in tandem to this filing.

Reference Organization:

Reference Title:

Filing Status Changed: 11/19/2007

State Status Changed: 11/19/2007

Corresponding Filing Tracking Number:

Filing Description:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The purpose of the enclosed filing is to add an endorsement to our contractual liability reimbursement insurance program for GAP waiver providers. The enclosed endorsement modifies the policy form to meet the requirements of Ford Motor Credit to accept assignment of loans/leases from the lender. Please note that Section III of the policy is the "Exclusions" section, and this endorsement deletes one exclusion and modifies another. There is also a slight modification to the proof of notice language.

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I would also like to replace the previously filed version of the Declarations page, GFIC-GAPCLP-DEC-CW1. The only change made to the new version enclosed (10/07) is that additional state specific disclosures have been added to page two.

The related forms may be referenced in filing #GAPCLP-11-06-F.

Please feel free to contact me should you have any questions or if you require any additional information.

Peter Klope
704.387.8098
peter.klope@bankofamerica.com

Company and Contact

Filing Contact Information

Peter Klope, Business Compliance Manager	peter.klope@bankofamerica.com
201 N. Tryon Street	(704) 387-8098 [Phone]
Charlotte, NC 28255	(704) 388-0797[FAX]

Filing Company Information

General Fidelity Insurance Company	CoCode: 30007	State of Domicile: South Carolina
201 N. Tryon Street	Group Code: 1281	Company Type:
NC1-022-19-02		
Charlotte, NC 28255	Group Name:	State ID Number:
(704) 387-8098 ext. [Phone]	FEIN Number: 33-0242848	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Forms filing = \$50
Per Company:	No

SERFF Tracking Number: *GNFD-125334284* *State:* *Arkansas*
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TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0004 Contractual Liability*
Product Name: *Contractual Liability Reimbursement Insurance of GAP Waiver Contracts*
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1267112	\$50.00	11/02/2007

SERFF Tracking Number: *GNFD-125334284* *State:* *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/19/2007	11/19/2007

SERFF Tracking Number: *GNFD-125334284* *State:* *Arkansas*
Filing Company: *General Fidelity Insurance Company* *State Tracking Number:* *#1267112 \$50*
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Project Name/Number: *FMC Endorsement form filing/GAPCLP-FMC-07-F*

Disposition

Disposition Date: 11/19/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GNFD-125334284 State: Arkansas

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Company Tracking Number: GAPCLP-FMC-07-F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0004 Contractual Liability

Product Name: Contractual Liability Reimbursement Insurance of GAP Waiver Contracts

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Ford Motor Credit Program Endorsement	Approved	Yes
Form	Declarations Page	Approved	Yes

SERFF Tracking Number: GNFD-125334284 State: Arkansas

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Ford Motor Credit Program Endorsement	GAP-EXC-FMC	07/07	Endorsement/Amendment/Conditions		0.00	GAP-EXC-FMC 072307.pdf
Approved	Declarations Page	GFIC-GAPCLP-DEC-CW1	02/07	Declaration Replaced s/Schedule	Replaced Form #: GFIC-GAPCLP-DEC-CW1 Previous Filing #: GAPCLP-11-06-F	0.00	GFIC-GAPCLP-DEC-CW1 0207.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FORD MOTOR CREDIT PROGRAM

This endorsement modifies insurance provided under the following:

Contractual Liability Reimbursement Insurance Policy

- A.** Item 3 of Section III of the policy is deleted in its entirety.
- B.** Item 4 of Section III of the policy is deleted in its entirety and replaced with the following:
 - 4. Any Loss caused by seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade;
- C.** Item 4 of Section IV of the policy is deleted in its entirety and replaced with the following:
 - 4. **NOTICE OF LOSS:** Notice of Loss under this Policy must be provided to the Company within ninety (90) days of the date of settlement from the primary physical damage insurance carrier, or should there be no such insurance, within ninety (90) days of the date of Loss. Failure to provide such notice within this stated time period shall invalidate any claim made under this policy for such Loss.

General Fidelity Insurance Company

201 N. Tryon Street; NC1-022-19-02
Charlotte NC 28255
1-866-763-7790

CONTRACTUAL LIABILITY REIMBURSEMENT INSURANCE POLICY Declarations Page

GFIC Policy Number: WGAP-

Producer: _____	Administrator: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Item 1. Name of Insured: _____
Address of Insured: _____

Item 2. Policy Period: Effective Date: _____ Anniversary Date: _____
(Month/Day/Year) (Month/Day/Year)

Expiration Date: Until cancellation or non-renewal as termed in the Policy.

This Policy will automatically renew at 12:01 a.m. Standard Time at the address of the Insured as stated herein on the Policy anniversary date shown above for additional subsequent Policy Periods of one year, unless cancelled or non-renewed according to the terms of this Policy.

Item 3. Limits of Coverage:

The amount of coverage per occurrence is subject to the provisions of this Policy and the Approved GAP Contract(s) issued by the Insured. In no circumstance however shall the Company's responsibility to pay a single occurrence exceed \$ _____.

Item 4. Endorsements:

This insurance is for that of the liability of the Approved GAP Contracts. Therefore, the Insured is required to investigate and apply the provisions and exclusions of the Approved GAP Contract prior to making claims against this policy.

Item 5. Premium:

The Insured shall remit to the Company by the fifteenth (15th) of each month, premium for each Approved GAP Contract issued by the Insured in the prior month per the following:

\$ _____ per Approved GAP Contract with loan term of _____ months.
\$ _____ per Approved GAP Contract with loan term of _____ months.
\$ _____ per Approved GAP Contract with loan term of _____ months.

THIS POLICY DOES NOT AFFORD PROTECTION AGAINST BODILY INJURY OR PROPERTY DAMAGE LIABILITY, NOR DOES IT PROVIDE PERSONAL INJURY PROTECTION BENEFITS, AND IT WILL NOT FULFILL THE REQUIREMENTS OF ANY FINANCIAL RESPONSIBILITY OR NO-FAULT LAW.

Date Prepared

Countersignature of Authorized GFIC Representative

REQUIRED FRAUD WARNINGS AND/OR NOTICES FOR APPLICATIONS AND/OR DECLARATIONS, BY STATE:

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law and may be found guilty of insurance fraud by a court of law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	11/19/2007

Comments:

Attachment:

GAP-FMC-PCTD-FORMS.pdf

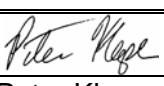
Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #: GNFD-125334284	
h. Subject Codes		

3. Group Name				Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	
General Fidelity Insurance Company	SC	30007	33-0242848	

5. Company Tracking Number	GAPCLP-FMC-07-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Peter Klope NC1-022-19-02 201 N. Tryon St. Charlotte, NC 28255	Business Compliance Manager	704.387.8098 866.763.7790	704.388.0797	Peter.klope@bankofamerica.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Peter Klope		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0
10. Sub-Type of Insurance (Sub-TOI)	17.0004
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	GAP Waiver Contractual Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/6/07 or earlier if so approved Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	11/6/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	GAPCLP-FMC-07-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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I would also like to replace the previously filed version of the Declarations page, GFIC-GAPCLP-DEC-CW1. The only change made to the new version enclosed (02/07) is that additional state specific disclosures have been added to page two.

The related forms may be referenced in filing #GAPCLP-11-06-F.

Please feel free to contact me should you have any questions or if you require any additional information.

Peter Klope
704.387.8098
peter.klope@bankofamerica.com

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 1267112 Amount: \$50</p> <p>SERFF # GNFD-125334284</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		GAPCLP-FMC-07-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Declarations Page	GFIC-GAPCLP- DEC-CW1 (02/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GFIC- GAPCLP- DEC-CW1	AR-PC-06- 022445
02	Ford Motor Credit Program Endorsement	GAP-EXC-FMC (07/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1